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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

A	For th	ie 200	9 cale	ndar year, or ta	x year beg	inning		07,	/01 , 2009	, and	ending		06/30,2	20 10		
В	Check if a	pplicable		C Name of organiz	ation GREATER	AKRON	MUSICAL	ASSOCI <i>A</i>	TION FOUND	ATION	_	D Employer ide	entification nu	mber		
	Addr		use IRS label or	Doing Business A	ls .						-	34-163	5435			
	_	e change	print or	Number and str	eet (or PO bo	x if mail is	not delive	red to stree	t address)		Room/suite	E Telephone n	umber			
	-	l return	type. See	17 NORTH	BROADWAY	STRE	EET					(330) 535-8131				
⊢			Specific		_						<u>l</u>	(330, 33	3 0131			
\vdash	Ame	nnated nded	Instruc- tions	AKRON, OH	•		•						e 1	726 120		
⊢	retur					Geen DI	2 (11)	DIEC	DEMED			G Gross receip		,726,120.		
L	pend		i .	ame and address		nicer: Di	K. CH	AKTE2	PETER			H(a) Is this a grou affiliates?	Jp return for	Yes X No		
_				AS C ABOV				т				H(b) Are all affilia	ites included?	Yes No		
<u></u>		empt st		X 501(c) (3		10)	4947(a)	(1) or	527			If "No," attac	ch a list (see instr	ructions)		
ī				AKRONSYMPH	ONY.ORG							H(c) Group exem				
K	Form	of organ	ization.	X Corporation	Trust	Associa	ition	Other •	·	L	Year of forma	tion 1986 M	State of legal of	domicile OH		
P	art I	Su	mmary													
	1	Briefly	descri	be the organization	on's mission	or most s	sionıfican	t activities								
		TO C)PERA	ATE THE END	DOWMENT	FUND	AND C	THER	SPECIAI	FUI	NDS FOR	THE BENE	FIT			
č		OF :	THE (GREATER AKE	RON MUSI	CAL A	SSOCI	ATION	AND TO	PRO	OMOTE PO	JBLIC				
Ë		APP	RECIA	ATION OF TH	E ARTS.				-			<u>-</u>				
Governance	2	Check	this bo	ox ▶ if the	organization	discontin		operation		ed of m	ore than 25%	of its net asset				
\ C				oting members of										7		
		Numb	er of in	dependent voting	members of	the gov	erning be	vdv (Parti					4	7		
) 🗧	5	Total	numba	r of employees (Pa	ort V. Ima 2a)								5	0		
Activities	ء ا						• • • •	• • • •								
- ◀		Total	numbe	r of volunteers (es	umate ii nece	ssary) .							6			
<u>כ</u>	/ a	Total	gross u	inrelated business	revenue fron	1 Part VII	II, column	i (C), line	12				7a			
<u>-</u>	D	Net u	nrelated	d business taxable	e income fron	1 Form 9	90-1, line	34		• • •	<u></u>					
<u>. 1</u>		_ [2505							_	Prior Year		irrent Year		
	8	Contr	ibutions	and Grants (Part	YIII, line In)							42,45	30.	54,547.		
	9	Progra	am ser	nce-revenué (Part	VIII, line 2g)									0.		
۾ ۾	10	Invest	inent (come (Part VIII,	columnf-(A), l⊪	nes 3, 4,	and 7d)					-688,26	58.	178,237.		
ดิ	11	Other	reveni	ie (PartVIII, c6Nir	រឺរ៉ា (A)Çines :	5, 6d, 8c,	9c, 10c,	and 11e)						0.		
_	12	_Total	révenu	ncome (Part VIII, of the (Part VIII, of the (Part VIII), of the (P	ough ga (mu	st equal [Part VIII,	column (4), line 12).		<u> </u>	-645,81	I	232,784.		
	112	Crant	ോറ്റിർ	imilar amounte na	70 - 1 0 0	dumn (A)	\ linor 1	21				280,00	00.	250,000.		
	14	Benef	its pard	te or for member	s (Part IX, col	umn (A),	line 4)							0.		
y.	146	Saları	es, oth	er compensation,	employee be	nefits (Pa	art IX, col	umn (A),	lines 5-10)					0.		
Š	16a	Profes	ssional	fundraising fees (l	Part IX, colum	ın (A), lın	ie 11e)		·					0.		
Expenses	b b	Total	fundrai	sing expenses, Pa	rt IX, column	(D), line	25) 🕨		 							
ш	17			ses (Part IX, colun								25,98	35.	31,553.		
	18	Total	expens	es. Add lines 13-	17 (must eau	al Part IX	. column	(A), line:	 25)	• • •	· · · ·	305,98	35.	281,553.		
	19	Rever	ue less	s expenses. Subtr	act line 18 fro	m line 12	2	(),	,		· · · · · ⊢	-951,80		-48,769.		
5	8					12	<u></u>		· · · · · ·	• • • •		Beginning of Ye		nd of Year		
t Assets or	20	Total	accete /	Part X, line 16)							—	4,359,91		,649,922.		
88	21			es (Part X, line 10)	• • • • • •				• • • • • •		· · · · ⊢	-, 555, 55		, 015, 522.		
<u> </u>	22			r fund balances. \$		of from h			• • • • •	• • •	• • • • ⊢	4,359,91	19 1	,649,922.		
Z					Subtract line 2	i irom ii	ne 20	· · · ·	<u></u>	• • •	• • • • •	4,339,91	- 9 - 1	,049,922.		
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USE	Only		employes, and 2		PERIOR AVEN	UE, SOL	TE 1100	CLEVELA	ND, OH 441	14	-	Phone no	216-24	41-3272		
Ma	y the I	RS dis	cuss th	is return with the									х	Yes No		
																

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* JSA 9E1010 3 000 5188BB 5744

Form 990 (2009)

Form 990 (2009)

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			_
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			_
	Schedule C, Part II	4		Х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			-
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes," complete Schedule D, Part V	10	$_{\rm X}$	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	x	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		[
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		i	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1.42		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
•	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	'		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	'		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		$\frac{x}{X}$
	2 o. gameation operate one or more nospitals in Too, complete oursealers	_ZU		

I all	Checklist of Required Schedules (Continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			Ì
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			İ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d		24d		
25 a				
204		25a	!	x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	2 Ja		
b	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
		256		X
26	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			X
2.7	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			v
	If "Yes," complete Schedule L, Part III	_27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part N	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			1
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			1
	Part N	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			1
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I:	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	X	1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	<u> </u>		
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
~ ~ ~	organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R			ĺ
				X
20	Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		Х	
	19? Note. All Form 990 filers are required to complete Schedule O	38		(2000)

Form	990 (2009)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			İ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	.		<u> </u>
	gaming (gambling) winnings to prize winners?	_1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ł
	Statements, filed for the calendar year ending with or within the year covered by this return 2 2a 0	L		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Ь
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			ļ
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			·
	account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶			ļ
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts.			 ,,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
_	Prohibited Tax Shelter Transaction?	5с		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			l ,
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		-
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	- <u>-</u>		X
	and services provided to the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		X
_	required to file Form 8282?	7 c		_^
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7.		X
	benefit contract?	7e		$\frac{\lambda}{X}$
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		 ^
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		}
11		7h		
8	required?	<i>i</i> n		<u> </u>
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		-	
	Did the organization make any taxable distributions under section 4966?	9a		\vdash
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter	7.5		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
122		12a		
u				

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b|

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
٠	of the governing body?	7a		Х
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	'		
Ü				
_	the year by the following		х	
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	- 71	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			Х
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		^
	tion B. Policies (This Section B requests information about policies not required by the Internal			
reve	enue Code.)		V	
			Yes	No X
10a		10a		А.
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	L		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Χ	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Χ	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
~	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
. va	with a taxable entity during the year?	16a		Х
.	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	104		
D				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	400		
Soct	the organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed DH,			- - -
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only)	1	
	available for public inspection. Indicate how you make these available Check all that apply. Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	rest		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization JACKIE FAIRBANKS 17 N. BROADWAY AKRON, OH 44308 330-535-8131			

Part Vii Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees; and former such persons

(A)	(B)							(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee	Institutional trustee	chec Officer	Key employee	Highest compensated at employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
DR. CHARLES PETER										
PRESIDENT	3.00	Х		X.		1		0.	0.	0
JOHN MOGEN										
VICE PRESIDENT	1.00	Х		Х				0.	о.	0
RONALD ALLAN							_			
SECRETARY	1.00	Х		Х			ł	0.	0,	0
ROLLIE BAUER				_						
TRUSTEE	1.00	Х						0.	0	0
PRISCILLA GRANT										
TRUSTEE	1.00	X		ŀ				0.	0.	0
WAYNE KNABEL	•									<u></u>
TRUSTEE	1.00	X						0.	0.	0
WILLIAM LOWRY	_									·
TRUSTEE	1.00	X						0.	0.	0
	-			_	_					_
	-									
					-					- <u></u>
										<u> </u>
	-									

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and I	ligi	hest Compensat	ed Employ	ees (c	continued)
(A)	(B)	(C)						(D)	(E)		(F)
Name and title	Average hours per week	P or director	nstitutional trustee	Officer	k Key employee	that applying that employee	Former	Reportable compensation from the organization	Reportal compensal from relal organizat (W-2/1099-	ation ited ions	Estimated amount of other compensation from the
		trustee	al trustee		yee	compensated se		(W-2/1099-MISC)			organization and related organizations
				-							
					_						
									-		
1b Total			<u> </u>				Ļ	0			0
Total number of individuals (including but not reportable compensation from the organization)		hose I		d a	bov	e) wh	o re		1 \$100,000 in		<u> </u>
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	or or	tru	ıste	е, І	key e	emp	loyee, or highes	t compens	ated	Yes No
For any individual listed on line 1a, is the the organization and related organizations	sum of	repor	tabl	e c	om	pensa	atıor	n and other com	pensation f	rom	
<i>individual</i>											4 X
services rendered to the organization? If "Yes," Section B. Independent Contractors	complete S	Sched	ule	J fo	r su	ch pe	rsor	7		•••	5 X
1 Complete this table for your five highest	compensat	ted in	dep	eno	dent	cont	trac	tors that receive	d more tha	n \$10	0.000 of
compensation from the organization							1				
(A) Name and business addi	ress							(B) Description of se	rvices	c	(C) Compensation
							+	· . · · ·	-		
							L				
							+				
2 Total number of independent contractors (in	ncludina hi	ut not	lın	nite	d to	thos	 se li	isted above) who	received		
more than \$100,000 in compensation from the						0	"	223.0,	. 555.754		

Par	t VII	Statement of Revenue					
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इड इड	1a	Federated campaigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues 1b					
s, g amo	С	Fundraising events 1c					
giff	d	Related organizations 1d					
II,	e	Government grants (contributions) 1e					1
ar s	f	All other contributions, gifts, grants,				1	
들		and similar amounts not included above . 1f	54,547				
ig p	g	Noncash contributions included in lines 1a-1f \$					
	_ h	Total. Add lines 1a-1f		54,547			
Program Service Revenue		1.	ısiness Code				
V	2a						
ž	ь						
<u>V</u>	c						
Ser	d				-		
Ę	e		_				
gri	f	All other program service revenue		<u> </u>			
<u></u>	g	Total. Add lines 2a-2f		0			
	3	Investment income (including dividends, interest,	and				
	i	other similar amounts). ATTACHMENT 3	▶	102,655			102,655
	4	Income from investment of tax-exempt bond proce		0			
	5	Royalties · · · · · · · · · · · · · · · · · · ·		0			
		(ı) Real	ii) Personal				
	6a	Gross Rents			·		
	ь	Less rental expenses]
	С	Rental income or (loss)					
	d	Net rental income or (loss)	▶	0			
	7 a	Gross amount from sales of (i) Secunties	(II) Other				
	'"	assets other than inventory 1,568,918					
	ь	Less: cost or other basis					
		and sales expenses 1,493,336					ļ
	С	Gain or (loss)					
	d	Net gain or (loss)	.	75,582			75,582
ē	8a	Gross income from fundraising]
Other Revenue		events (not including \$					
ě		of contributions reported on line 1c)					
8		See Part IV, line 18 a					
he	b	Less direct expenses b					
ŏ	С	Net income or (loss) from fundraising events	<u></u> ▶	0	_		
	9a	Gross income from gaming activities.					l
		See Part IV, line 19 a					Ì
		Less direct expenses b					<u> </u>
	С	Net income or (loss) from gaming activities	· · · · · · •	0			
	10a	Gross sales of inventory, less returns and allowances					
		Less: cost of goods sold b					
		Net income or (loss) from sales of inventory		0		<u> </u>	
	Ť		siness Code	<u> </u>			
	11a						· · · · · · · · · · · · · · · · · · ·
	11a b						
					-		
	d	All other revenue			-		
		Total. Add lines 11a-11d		0.			
	е 12	Total Revenue. See instructions		232,784			178,237
		. etal iterenae, ese manuchola		232,104			L 1,0,237

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns

7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and	250,000	250,000		
	organizations in the U.S. See Part IV, line 21	250,000.	250,000.	_	
	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
	•		-		
	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.			
	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salanes and wages	0.			
8	Pension plan contributions (include section 401(k)	_			
	and section 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
0	Payroll taxes	0.			
1	Fees for services (non-employees)				
а	Management	0.			
	Legal	0.			
С	Accounting	0.			-
d	Lobbying	0.			<u> </u>
е	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees	31,354.		31,354.	
g	Other	0.		_	
	Advertising and promotion	0.			
	Office expenses	0.			
4	Information technology	0.			
5	Royalties	0.	7		
6	Occupancy	0.			
7	Travel	0.			-
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
	Conferences, conventions, and meetings	0.			
0	Interest	0.			
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	0.			
	Insurance	0.			
	Other expenses Itemize expenses not				
•	covered above. (Expenses grouped together]		
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
- 2	ADMINISTRATIVE EXPENSE	199.		199.	
a -					
0					
ن					
a -				·	
e					
	All other expenses	281,553.	250,000.	31,553.	
	Total functional expenses. Add lines 1 through 24f	201, 333.	230,000.	31,333.	
	Joint Costs. Check here ▶ If following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	13,224.	4	0.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
s		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
,	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or 10a			
		other basis Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	4,346,695.	12	4,649,922.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,359,919.	16	4,649,922.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
iab		employees, highest compensated employees, and disqualified			
_		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25		26	· -
en .		Organizations that follow St AS 117, check here P 111 and			
- ë		complete lines 27 through 29, and lines 33 and 34.	E 47 F 6 6		210 050
alar	27	Unrestricted net assets	-547,506.		-312,050.
ă	28	Temporarily restricted net assets	4,907,425.	28	4 061 070
nu	29	Permanently restricted net assets	4,907,425.	29	4,961,972.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
)ts	30	Capital stock or trust principal, or current funds		30	
58	31	Paid-in or capital surplus, or land, building, or equipment fund		31	_
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
S	33	Total net assets or fund balances	4,359,919.	33	4,649,922.
	34	Total liabilities and net assets/fund balances	4,359,919.	34	4,649,922.

If the Sche 2a Were b Were c If "Ye the a If the Sche d If "Ye issue	ounting method used to prepare the Form 990: Cash X Accrual Other e organization changed its method of accounting from a prior year or checked "Other," explain in edule O re the organization's financial statements compiled or reviewed by an independent accountant?	2a		
b Were c If "Ye the a If the Sche d If "Ye	re the organization's financial statements compiled or reviewed by an independent accountant?	22	Ì	1
c If "Ye the a If the Sche	'é the organization's financial statements audited by an independent accountant?	Za		Х
the a If the Sche d If "Ye issue		2b	X	
ISSUE	'es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? e organization changed either its oversight process or selection process during the tax year, explain in edule O	2c	х	
3a Asa	'es" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were ed on a consolidated bass, separate bass, or both: Separate bass X Consolidated bass Both consolidated and separate basis			
	a result of a federal award, was the organization required to undergo an audit or audits as set forthin Single Audit Act and OMB Circular A-133?	3a		
	'es," did the organization undergo the required audit or audits? If the organization did not undergo the	3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) porexempt charitable trust

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization **Employer identification number** GREATER AKRON MUSICAL ASSOCIATION FOUNDATION 34-1635435 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. X Type I c | Type III - Functionally integrated Type II Type III - Other e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (III) below, the governing body of the supported organization? X 11g(i) (ii) A family member of a person described in (i) above? Χ 11g(n) (iii) A 35% controlled entity of a person described in (i) or (ii) above? X 11g(III) Provide the following information about the supported executation(s)

		lation about the suppo		<u></u>					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	ın col (i) lı	organization sted in your document?	the organ	ou notify nization in of your port?	(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
ATTACHMENT	1								
		-							
Total									250,000

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					_		
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each		ļ					
	person (other than a governmental unit or		}					
	publicly supported organization) included							
	on line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support		T	r =				
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4							
8	payments received on securities loans,							
	rents, royalties and income from similar							
	sources							
9	Net income from unrelated business				ļ			
	activities, whether or not the business is regularly carried on	. —						
10	Other income Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc. (s							
13								
organization, check this box and stop here								
	tion C. Computation of Public Sup		•			 		
14	Public support percentage for 2009 (III						%	
15	Public support percentage from 2008						%	
16a	a 331/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check							
	this box and stop here . The organization qualifies as a publicly supported organization							
þ	331/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more,							
4	check this box and stop here . The organization qualifies as a publicly supported organization							
1/a	a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in							
	_					•	•	
	Part IV how the organization meets t			_	•	•	• • • • • • • • • • • • • • • • • • • •	
	organization							
Đ	10%-facts-and-circumstances test - 2		•		•			
	15 is 10% or more, and if the orga				·		•	
	Explain in Part IV how the organization							
4-	supported organization						▶∟	
18	Private foundation. If the organization							
	Instructions	<u> </u>	<u></u>					
	-				5	Schedule A (Form 9	90 or 990-EZ) 2009	

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Tota
1	Gifts, grants, contributions, and				-		
	membership fees received (Do not include						
	any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	, <u> </u>					-
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						-
•	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities		-		-	<u> </u>	
	furnished by a governmental unit to the						
						ŀ	
	organization without charge		 			-	
	Total. Add lines 1 through 5	 			-	-	
7 a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons Amounts included on lines 2 and 3		-	_			
-	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	-					
	Add lines 7a and 7b						***
8	Public support (Subtract line 7c from						
	line 6.)				<u> </u>	L	<u> </u>
ec:	tion B. Total Support	,			·	-	
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Tota
9	Amounts from line 6	~					_
I0a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975			ı			
С	Add lines 10a and 10b						
		<u> </u>					
	activities not included in line 10b,						
	whether or not the business is regularly						l
2	Other prome Do not polydo gon or					 	
2	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV)						
3	Total support. (Add lines 9, 10c, 11,		-		-	-	-
	and 12)	41				L	
4	First five years. If the Form 990 is for						
	organization, check this box and stop here			<u> </u>	<u></u>	· · · · · · ·	<u> ▶</u>
	tion C. Computation of Public Sup						
5	Public support percentage for 2009 (line 8					15	
6	Public support percentage from 2008 Sche			· · · · · · · · · · · ·	• • • • • • • • •	16	
	tion D. Computation of Investmen						
7	Investment income percentage for 2009 (li					17	
8	Investment income percentage from 2008					18	
9 a	33 1/3% support tests - 2009. If the o						
	17 is not more than 33 1/3 %, check the state of the sta						
b	33 1/3% support tests - 2008. If the org	anization did not	t check a box on	line 14 or line 19	9a, and line 16 is	s more than 3	31/3 %, and
	line 18 is not more than 331/3 %, check						
	mile to is not more than 331/3 /a, theth						
	Private foundation. If the organization		a box on line	14, 19a, or 19b	, check this bo	ox and see in	structions >

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions							
				ATTAC	HMENT 1		
SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATI	ONS						
		(III) TYPE OF	(IV)	(V)	(VI)	(VII) A	MOUNT OF
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	YES NO	YES NO	s	SUPPORT
 GREATER AKRON MUSICAL ASSOCIATION	34-6003828	07	x	х	х	2	250,000.
TOTAL AMOUNT OF SUPPORT						2	250,000

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service
Name of the organizatio

	or the organization		Employer identification number
GRE	ATER AKRON MUSICAL ASSOCIATION FO	DUNDATION	34-1635435
Pai	Organizations Maintaining Donor Adv the organization answered "Yes" to Fo	vised Funds or Other Similar Funds or orm 990, Part IV, line 6.	Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	1	
5	Did the organization inform all donors and donor a	-	nor advised
_	funds are the organization's property, subject to t	he organization's exclusive legal control?	Yes . No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the		
	purpose conferring impermissible private benefit?		
Pai	Conservation Easements. Complete	f the organization answered "Yes" to Fo	orm 990 Part IV line 7
1	Purpose(s) of conservation easements held by th		7. mie 7.
•	Preservation of land for public use (e.g., reci	· · · · · · · · · · · · · · · · · · ·	f an historically important land area
	Protection of natural habitat	· · · ·	f an historically important land area f a certified historic structure
	Preservation of open space	rieservation o	a certified historic structure
2	Complete lines 2a through 2d if the organization is	celd a gualified consequation contribution in	the form of a consequence
_	easement on the last day of the tax year	reid a qualified conservation contribution iii	the form of a conservation
	and the same same same same same same same sam		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen		2b
c	Number of conservation easements on a certified		
d	Number of conservation easements included in (
3	Number of conservation easements modified, training		
•	the tax year >	nsierred, released, extinguished, or termina	ated by the organization during
4	Number of states where property subject to cons	envation easement is located >	
5	Does the organization have a written policy regard		ndling of
•	violations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring,		
•	►	mapecting, and emorcing conservation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspe	eting, and enforcing conservation easemon	ate during the year
•	>\$	cting, and emorcing conservation easemen	its during the year
8	Does each conservation easement reported on lir	ne 2(d) ahove satisfy the requirements of sec	etion
•	170(h)(4)(B)(ı) and 170(h)(4)(B)(ı)?		
9	In Part XIV, describe how the organization reports		
J			
	balance sheet, and include, if applicable, the text the organization's accounting for conservation east		ai statements that describes
Pai		sements s of Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered		Ommai Assets.
1.			atomorph and belower short at the
1a	If the organization elected, as permitted under sart, historical treasures, or other similar assets hiprovide, in Part XIV, the text of the footnote to its f	eld for public exhibition, education, or rese	atement and balance sheet works of earch in furtherance of public service
b			
ט	If the organization elected, as permitted under shistorical treasures, or other similar assets held provide the following amounts relating to these ite	for public exhibition, education, or resea	ient and parance sneet works of art, arch in furtherance of public service.
	(i) Revenues included in Form 990, Part VIII, line	1	> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
	following amounts required to be reported under		gan, preside the
а	Revenues included in Form 990, Part VIII, line 1 .		▶ \$ _
b	Assets included in Form 990, Part X		
-			Ψ

Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how the Part XIV. During the year, did the organization solicit or receive donations of art, assets to be sold to raise funds rather than to be maintained as part of the Part IV Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following or deditions during the year Ending balance Distributions during the year Ending balance If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered of the investment earnings, gains, and losses. Standard (a) Current Year (b) Prior year (a) Current Year (b) Prior year 1 A Beginning of year balance. 4, 359, 919. 5, 549, 131 Contributions. 54, 547 42, 450 Other expenditures for facilities.	Loan or exchan Other They further the historical treasure the organization anset 21. The contributions of the co	ge programs organization's exemures, or other similar is collection?	npt purpose in Yes orm 990, Part Yes ount Yes		No No back
collection items (check all that apply) a Public exhibition d l Complete if the organization and explain how the Scholarly research e l Complete if the organization solicit or receive donations of art, assets to be sold to raise funds rather than to be maintained as part of the Scrow and Custodial Arrangements. Complete if the organization and explain how the Part IV Escrow and Custodial Arrangements. Complete if the organization and explain how the Part IV Escrow and Custodial Arrangements. Complete if the organization and agent, trustee, custodian or other intermediary for included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following complete the following the year e Distributions during the year e Distributio	Loan or exchanother They further the chistorical treasure the organization ansies 21. The contributions of the chistorical treasure to the contributions of the chistorical treasure to the chistorical treasure treasure to the chistorical treasure to the chistorical treasure treasu	ge programs organization's exemures, or other similar is collection?	npt purpose in Yes orm 990, Part Yes ount Yes		No No
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Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how the Part XIV. During the year, did the organization solicit or receive donations of art, assets to be sold to raise funds rather than to be maintained as part of the IV, line 9, or reported an amount on Form 990, Part X, line Beginning balance and Additions during the year bif if in Yes," explain the arrangement in Part XIV and complete the following beliance and the organization include an amount on Form 990, Part X, line 21? If if if if if if if it is included an amount on Form 990, Part X, line 21? If if if if if it is included an amount on Form 990, Part X, line 21? If if if if if it is included in include an amount on Form 990, Part X, line 21? If if if if it is included in include an amount on Form 990, Part X, line 21? If if if if it is included in included in in Part XIV Part V Endowment Funds. Complete if organization answered in Part XIV Part V Endowment Funds. Complete if organization answered in Part XIV Part V Endowment Funds. Complete if organization answered in Part XIV Part V Endowment Funds. Complete if organization answered in Part XIV Part V Endowment Funds. Complete if organization answered in Part XIV Part V Endowment Funds. Complete if organization answered in Part XIV Part V Endowment Funds. Complete if organization answered in Part XIV Part V Endowment Funds. Complete if organization answered in Part XIV Part V Endowment Funds. Complete if organization answered in Part XIV Part V Endowment Funds. Complete if organization answered in Part XIV Part V Endowment Funds. Complete if organization answered in Part XIV Part V Endowment Funds. Complete if organization answered in Part XIV Part V Endowment Funds. Complete if organization answered in Part XIV Part V Endowment Funds. Complete if organization answered in Part XIV Part V Endowment Funds. Complete if organization answered in Part XIV Part V Endowment Funds. Complete if organization answere	hey further the historical treasure he organization anse 21. r contributions of table 1 c 1 c 1 d 1 e 1 f 1 f 1 c 1 f 1 f 1 c 1 f 1 f 1 c 1 f 1 f	organization's exemures, or other similar is collection?	Yesorm 990, Part Yesorm Yes		No No
Preservation for future generations Provide a description of the organization's collections and explain how the Part XIV. During the year, did the organization solicit or receive donations of art, assets to be sold to raise funds rather than to be maintained as part of the organization. Complete if the organization of the intermediate if the organization and agent, trustee, custodian or other intermediaty for included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following or defining balance. Additions during the year. Ending balance	hey further the historical treasure he organization ansection ansection and the contributions of the contributions	ures, or other similar is collection? swered "Yes" to Formatte or other assets not	Yesorm 990, Part Yesorm Yes		No No
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Part XIV. 5 During the year, did the organization solicit or receive donations of art, assets to be sold to raise funds rather than to be maintained as part of the second of the part IV Escrow and Custodial Arrangements. Complete if the organization included an amount on Form 990, Part X, line 10. If "Yes," explain the arrangement in Part XIV and complete the following of Ending balance of Ending balance of Ending balance of Ending balance of Ending balance of Ending balance of Ending balance of Ending balance of Ending balance of Ending balance of Ending balance of Ending balance of Ending balance of Endowment Funds. Complete if organization answered of Endowment Funds. Complete if organization answered of Endowment Funds of Endowment Fund	historical treasure the organization anset 21. r contributions of the treasure transfer to the treasure to the treasure to the treasure transfer to the treasure transfer to the treasure transfer to the treasure transfer to the treasure transfer	ures, or other similar is collection? wered "Yes" to For other assets not	Yesorm 990, Part Yesorm Yes		No No
During the year, did the organization solicit or receive donations of art, assets to be sold to raise funds rather than to be maintained as part of the assets to be sold to raise funds rather than to be maintained as part of the assets to be sold to raise funds rather than to be maintained as part of the assets to be sold to raise funds rather than to be maintained as part of the assets to be sold to raise funds rather than to be maintained as part of the assets to be sold to raise funds as part of the assets to be sold to raise funds as part of the assets to be sold to raise funds as part of the assets to be sold to raise funds as part of the assets to be sold to raise funds as part of the assets to be sold to raise funds as part of the organization and assets to be sold the arrangement in Part XIV and complete the following to be sold the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered to be contributions. 1 a Beginning of year balance. 1 a Beginning of search as a sold the arrangement in Part XIV 2 a Contributions. 5 a contributions.	table Yes" to Form 9	o's collection? swered "Yes" to Foot or other assets not Am 990, Part IV, line 1	Yes orm 990, Part Yes ount Yes		No No
assets to be sold to raise funds rather than to be maintained as part of the Part IV Escrow and Custodial Arrangements. Complete if the orgalization in a gent, trustee, custodian or other intermediary for included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following complete the following the year complete in the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Complete if	table Yes" to Form 9	o's collection? swered "Yes" to Foot or other assets not Am 990, Part IV, line 1	Yes orm 990, Part Yes ount Yes		No No
Part IV Escrow and Custodial Arrangements. Complete if the org IV, line 9, or reported an amount on Form 990, Part X, line 10. 1a Is the organization an agent, trustee, custodian or other intermediary for included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following 1. c Beginning balance	ganization anse 21. r contributions of table table 1c 1d 1e 1f	or other assets not Am 990, Part IV, line 1	orm 990, Part Yes		No No
IV, line 9, or reported an amount on Form 990, Part X, line 1a Is the organization an agent, trustee, custodian or other intermediary for included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered (a) Current Year (b) Prior year 1a Beginning of year balance (a) Current Year (b) Prior year 1b Contributions (b) Prior year 1c Net investment earnings, gains, and losses (517,009) (-925,677) d Grants or scholarships (250,000) (280,000). e Other expenditures for facilities (1)	table table table table To the second of	Am 990, Part IV, line 1	Yes		No
included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following c Beginning balance	table table 1c 1d 1e 1f Yes" to Form 9	Am 990, Part IV, line 1	Yes		No
included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following c Beginning balance	table table 1c 1d 1e 1f Yes" to Form 9	Am 990, Part IV, line 1	Yes		No
b If "Yes," explain the arrangement in Part XIV and complete the following c Beginning balance	table 1c 1d 1e 1f 1f Yes" to Form 9	Am 990, Part IV, line 1	Yes		No
c Beginning balance	1c 1d 1e 1f	990, Part IV, line 1	Yes		
d Additions during the year e Distributions during the year	1d 1e 1f Yes" to Form 9	990, Part IV, line 1	Yes		
d Additions during the year e Distributions during the year	1d 1e 1f Yes" to Form 9	990, Part IV, line 1	10.		
e Distributions during the year	1e 1f Yes" to Form 9	990, Part IV, line 1	10.		
f Ending balance	Yes" to Form 9	990, Part IV, line 1	10.		
Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered " (a) Current Year (b) Prior year 1a Beginning of year balance	Yes" to Form 9	990, Part IV, line 1	10.		
Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered " (a) Current Year (b) Prior year 1a Beginning of year balance	Yes" to Form 9	990, Part IV, line 1	10.		
b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" (a) Current Year (b) Prior year 1 a Beginning of year balance	Yes" to Form 9	990, Part IV, line 1	10.		
Part V Endowment Funds. Complete if organization answered (a) Current Year (b) Prior year 1 a Beginning of year balance			_	r years	back
(a) Current Year (b) Prior year 1a Beginning of year balance 4,359,919. 5,549,131 b Contributions			_	r years	back
1a Beginning of year balance 4,359,919. 5,549,131 b Contributions 54,547 42,450 c Net investment earnings, gains, and losses 517,009 -925,677 d Grants or scholarships 250,000 280,000. e Other expenditures for facilities .	(-))	(4) 111100)0010	(0) 0	, , , , , , , , , , , , , , , , , , , ,	
b Contributions					
c Net investment earnings, gains, and losses					
and losses 517,009 -925,677 d Grants or scholarships 250,000 280,000. e Other expenditures for facilities .					
d Grants or scholarships			l		
e Other expenditures for facilities .					
·					
·					
and programs					
f Administrative expenses 31,553 25,985					
g End of year balance 4,649,922 4,359,919	_				
2 Provide the estimated percentage of the year end balance held as			<u> </u>		
a Board designated or quasi-endowment ▶ %					
b Permanent endowment ▶ 100.0000 %					
C Term endowment ▶ %					
3a Are there endowment funds not in the possession of the organization th	nat are held and	d administered for th	ne		
organization by				Yes	No
(i) unrelated organizations			3a(i)	163	X
(ii) related organizations			<u> </u>	\longrightarrow	X
· · · · · · · · · · · · · · · · · · ·				\rightarrow	
b If "Yes" to 3a(ii), are the related organizations listed as required on Scher			<u> 3b </u>		
4 Describe in Part XIV the intended uses of the organization's endowment		 			
Part VI Investments - Land, Buildings, and Equipment. See Form	<u>n 990, Part X,</u>	<u>li</u> ne 10.			
	Cost or other pasis (other)	(c) Accumulated depreciation	(d) Book va	lue	
1a Land					
b Buildings			-		
c Leasehold improvements	t t				
d Equipment					
		-			
Total Add lines 1a through 1e (Column (d) must equal Form 990, Part Y, column					

Part VII Investments - Other Securities. See F	orm 990, Part X, line	e 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation (c) Me	on: et value
Financial derivatives			
Closely-held equity interests	_		
OtherCORPORATE DEBT SECURITIES	705,002.	FMV	
EQUITIES	3,358,195.	FMV	
SHORT-TERM INVESTMENT FUND	117,257.	FMV	
U.S. GOVERNMENT OBLIGATIONS	215,075.	FMV	
GLOBAL BOND FUND	254,393.	FMV	_
		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	4,649,922.		
Part VIII Investments - Program Related. See F	orm 990, Part X, lin	e 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	on. et value
Total (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, li	ne 15.		·
(a)	Description		(b) Book value
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1. (a) Description of liability	(b) Amount		
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. JSA 9E1270 1 000 5188BB 5744

	ile D (Form 990) 2009	Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statemen	ts
1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses 6	
7	Prior period adjustments 7	<u> </u>
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	
Part		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a		
_	Net unrealized gains on investments 2a	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV)	
C	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	<u>rn</u>
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities 2a	
b	Prior year adjustments 2b	
С	Other losses 2c	
d	Other (Describe in Part XIV)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV.)	
С	Add lines Ap and Ah	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).	5
Part	XIV Supplemental Information	
and 2	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part II b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also cart to provide any additional information.	V, lines 1b complete
SEE	PAGE 5	
-	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
		·

ENDOWMENT FUNDS

FORM 990, SCH D, PART V, LINE 4

THE ENDOWMENT FUNDS ARE INTENDED TO SUPPORT THE GREATER AKRON MUSICAL ASSOCIATION'S OPERATING ACTIVITIES.

FIN 48 FOOTNOTE

THE ORGANIZATION ADOPTED THE PROVISIONS OF "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" WHICH PRESCRIBES A RECOGNITION THRESHOLD AND A MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST BE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE AMOUNT RECOGNIZED IS MEASURED AS THE AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES ACCRUED IF ANY RELATED TO UNRECOGNIZED TAX UNCERTAINTIES IN INCOME TAX EXPENSE.

AS A RESULT OF IMPLEMENTATION OF THIS STANDARD, THE ORGANIZATION DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

GREATER AKRON MUSICAL ASSOCIATION FOUNDATION

Employer identification number 34-1635435

Inspection

Does the organization maintain records to substantiate the	arid Assistation substantiate		the grants or assista	ance, the grantees'	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and		
the selection criteria used to award the grants or assistance?	rants or assista						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for m	onitoring the us	se of grant funds in th	ne United States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	to Governme any recipient	ints and Organ that received	nizations in the Un more than \$5,000	nited States. Com	and Organizations in the United States. Complete if the organization answered "Yes" to t received more than \$5,000. Check this box if no one recipient received more than \$5,0	ation answered "Ye	s" to \$5,000. Use
1 (a) Name and address of organization or government of cash grace (b) EIN (c) IRC section (d) Amount of cash grar (a) applicable	(b) EIN	(c) IRC section	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER AKRON MUSICAL ASSOCIATION 17 N BROADWAY STREET AKRON, OH 44308	34-6003828	501(C)(3)	250,000		FMV		OPERATING ACTIVITIES
	nd governmer	it organizations				A	
3 Enter total number of other organizations			200				
For Privacy Act and Paperwork Reduction Act Notice, see the	ct Notice, sec	the Instruction	Instructions for Form 990.			Sched	Schedule I (Form 990) 2009

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Page 2

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Completed States.

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	dividuals in th 990) if addition	e United States al space is nee	. Complete if the ded.	e organization answered	"Yes" on Form 990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	1
Part IV	Supplemental Information. Complete this par	te this part to	provide the info	t to provide the information required in Part I, line 2,	in Part I, line 2, and any	and any other additional information.	
GRANT N	GRANT MONITORING	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
THE FOU	THE FOUNDATION BOARD REGULARLY CON	CONSULTS WITH	ITS SUPPORTED	TED ORGANIZATION	NOIT		
TO ENSURE	THAT GRANT MONIES ARE	USED FOR THE	STATED	PURPOSES OF THE			
GRANT.		 	 1 3 4 1 1				-
 		! ! ! ! ! ! !	1 1 1 1 1 1 1 1 1		! ! ! ! ! ! ! ! ! ! ! ! !		
 				• • • • • • • • • • • • • • • • • • •);;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
 		 	1 1 1 1 1 1 1 1	 	; ; ; 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	
						Schedule I (Form 980) 2009	

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SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GREATER AKRON MUSICAL ASSOCIATION FOUNDATION

Employer identification number

34-1635435

ATTACHMENT 2

PROCESS USED TO REVIEW THE FORM 990

FORM 990, PART VI, LINE 11A

THE FORM 990 IS REVIEWED IN DETAIL BY THE ORGANIZATION'S EXECUTIVE COMMITTEE PRIOR TO FILING.

COMPLIANCE WITH CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12C

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS MUST ANNUALLY SIGN THE CONFLICT OF INTEREST STATEMENT. THE SIGNED STATEMENT AFFIRMS THAT THEY HAVE RECEIVED A COPY OF THE POLICY, READ AND UNDERSTOOD THE POLICY, AND HAVE AGREED TO COMPLY.

AVAILABILITY OF DOCUMENTS FOR PUBLIC INSPECTION

FORM 990, PART VI, LINE 19

THE ORGANIZATION MAKES AVAILABLE FOR PUBLIC INSPECTION, UPON REQUEST, ALL DOCUMENTS AS REQUIRED BY FEDERAL, STATE, AND LOCAL LAW, INCLUDING BUT NOT LIMITED TO THE IRS FORM 990, ANNUAL REPORT, AUDITED FINANCIAL STATEMENTS AND MINUTES OF THE EXECUTIVE BOARD.

FURTHER DETAIL REGARDING FINANCIAL STATEMENTS

FORM 990, PART XI, LINE 2C

THE FINANCIAL STATEMENTS OF THE ORGANIZATION WERE AUDITED ON A COMBINED BASIS WITH THE GREATER AKRON MUSICAL ASSOCIATION (A RELATED

Name'of the organization
GREATER AKRON MUSICAL ASSOCIATION FOUNDATION

Employer identification number
34-1635435

ATTACHMENT 2 (CONT'D)

ORGANIZATION).

RECONCILIATION OF BEGINNING TO ENDING NET ASSETS

FORM 990, PAGE 1, LINE 22

BEGINNING NET ASSETS \$4,359,919

PLUS CURRENT YEAR CHANGE IN NET ASSETS -\$48,769

PLUS CURRENT YEAR UNREALIZED GAIN ON INVESTMENTS \$338,772

ENDING NET ASSETS \$4,649,922

NOTE REGARDING FUNDRAISING EXPENSES

FORM 990, PART IX, STATEMENT OF FUNCTIONAL EXPENSES

NOTE THAT ALL FUNDRAISING EXPENSES FOR BOTH GREATER AKRON MUSICAL

ASSOCIATION FOUNDATION AND ITS RELATED ORGANIZATION GREATER AKRON MUSICAL

ASSOCIATION ARE INCURRED BY GREATER AKRON MUSICAL ASSOCIATION AND

REPORTED ON THAT ENTITY'S FORM 990. NO FUNDRAISING EXPENSES ARE INCURRED

BY OR REPORTED ON THE FOUNDATION'S FORM 990.

FORM 990, PART	VIII - INVESTMENT INC	COME_		ATTACHMENT 3	
DESCRIPTION		(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST & DIVIDENDS		102,655			102,655
	TOTALS	102,655		- -	102,655

SCHEDULE R (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

GREATER AKRON MUSICAL ASSOCIATION FOUNDATION

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37. ▼ See separate instructions. ► Attach to Form 990.

20 09	Open to Public
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Employer identification number 34-1635435

Schedule R (Form 990) 2009 (f) Direct controlling entity (f)
Direct controlling
entity 8 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets ~ (c) (d)
Legal domicile (state exempt Code section or foreign country) (d) Total income 501(C)(3) Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (c)
Legal domicile (state or foreign country) НО MUSICAL ARTS (b)
Primary activity (b)
Primary activity GREATER AKRON MUSICAL ASSOCIATION 34-6003828 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity Part II Part I

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Schedule R (Form 990) 2009

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) (b) (c) Name, address, and EIN of related organization related organization (state or foreign foreign foreign foreign foreign foreign foreign related organization (state or foreign forei	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	соше	(g) Share of end-of-year assets	(h) Diaproportonata albosatora?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
		conmitted		512-514)				Yes No		Yes
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answer IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	elated Organizati e it had one or mo	ions Tax		Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part sations treated as a corporation or trust during the tax year.)	Complete if the or trus	organization t during the ta	answered "Ye ıx year.)	s" on Fc	orm 990, Part	
(a) Name, address, and EIN of related organization	of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	соше	(g) Share of end-of-year assets	(h) Percentage ownership
			:							
									Schedule R (Form 990) 2009	990) 2009

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Transactions With Related Organizations (Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.) Part V

S No		×	×	×	×	×		×	×	×	×		×	×	×	×	×		×	×					000.					
Yes		1a	(1b)	10	19	10		1 f	19	1 h	 =		11	1k	11		^ پ		-	1p	~ - ;		thresholds	(c) Amount involved	250,00					
		•			•			•	•				•	•	•	•			•	• • • • • • • • • • • • • • • • • • • •	:		for information on who must complete this line, including covered relationships and transaction thresholds	Ar						
	rts II–IV				•			•			•	•	•	•	•		•			•			tionships and	(b) Transaction type (a-r)	a					
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	•						•			- ·					•			•	:			overed rela		B,					
	organization				•		•	•			• •		•		:		•		•	:	:		, including o							
	ore related	•			•			•	•										:				ete this line							
	th one or m				•			•			•	•		(s)u	n(s)	:	•						nust compl							
	sactions w	entity						•			•			Performance of services or membership or fundraising solicitations for other organization(s)	Performance of services or membership or fundraising solicitations by other organization(s)						:		on on who							
alimedas	llowing tran	a controlled entity			•			•			(8)00	(2)	ation(s)	ons for othe	ons by other		•			:			or informati	rganization						
or IV of this	ny of the fo	rent from a		ation(s)	(2)						ease of facilities equipment or other assets to other organization(s)		Lease of facilities, equipment, or other assets from other organization(s)	no solicitati	ng solicitati	assets	•		es	es	(s)u	ation(s).		(a) Name of other on						
arts II III	ingage in a	ulties or (iv)	organizatio	er organiza	raanzation/	ation(s)			(s)		sets to othe		sets from o	or fundraisi	or fundraisi	ts, or other			for expens	for expens	organizatic	ner organiza	see the in	Nar	ASSOCIATION					
s listed in F	anization e	es (iii) rova	on to other	on from oth	for other o	ther organiz		ition(s)	organization)	or other as		or other as	mbership	mbership	, mailing lis			rganization	organization	arty to other	rty rrom or	ve is "Yes,"							
any entity is	did the ord	Receipt of (i) interest (ii) annuities (iii) rovalties or (iv) rent from	Gift grant or capital contribution to other organization(s)	Gift, grant, or capital contribution from other organization(s).	oans or loan quarantees to or for other organization(s)	Loans or loan quarantees by other organization(s)		Sale of assets to other organization(s)	Purchase of assets from other organization(s)	Exchange of assets	amoment		anipment.	vices or me	vices or me	Sharing of facilities, equipment, mailing lists, or other assets	Sharing of paid employees		Reimbursement paid to other organization for expenses.	Reimbursement paid by other organization for expenses	Other transfer of cash or property to other organization(s).	Other transfer of cash of property from other organization(s).	If the answer to any of the above is "Yes," see the instructions		MUSICAL					
te line 1 if	e tax year,	f (i) interes	t. or capita	t. or capita	loan cuara	loan guara Ioan guara		ssets to oth	of assets	of assets	facilities e		facilities, e	nce of serv	nce of serv	f facilities,	if paid emp		ement paid	ement paid	nsfer of cas	nsier of cas	wer to any		ER AKRON					
Note. Complete line 1 if any entity is listed in Parts II III or IV of this	During th	Receipt o	Gift, oran	Gift, gran	l nans or	Loans or		Sale of a	Purchase	Exchange	l ease of		Lease of	Performa	Performa	_)	Reimburs	Reimburs	Other train	Other tra	If the ans		GREATER					
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Schedule R (Form 990) 2009

Part VI

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(b) (c) (d) Name, address, and EIN of entity (state or foreign section (state or foreign (state) (state or foreign (state) (state) (counity) (counity) organizati	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	rtionate ons?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1085)		aging
			Yes No		Yes	ž			Yes No
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